

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

00433/2085 BCAN BEL 00454780
Number: 10120874
FC: 9204
\$50. CR

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/Patent # <u>101520074</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>50.00</u>	
		8 TO BE REFUNDED BY:	
		Treasury Check	
		Credit Deposit A/C #:	
		9 <u>19--42913</u>	
10 REASON:			
<input type="checkbox"/>	Overpayment		
<input type="checkbox"/>	Duplicate Payment		
<input type="checkbox"/>	No Fee Due (Explanation):		
<u>Fee Code Correction</u>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>BC</u>		TITLE: _____	
SIGNATURE: <u>BC</u>		PHONE: _____	
OFFICE: <u>PCT</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**